SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:						PAGE 144 OF			
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Political Action Committee (T-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ross, Patricia, A,, Date of Receipt Mailing Address One Tower Square 2017 City Zip Code State Transaction ID: A2017-1403287 CT Hartford 06183 Amount of Each Receipt this Period FEC ID number of contributing C 33.02 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) 2VP Project Management Travelers Indemnity Co Receipt For: Aggregate Year-to-Date ▼ Primary General 457.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ross, Patricia, A, , Date of Receipt Mailing Address One Tower Square 2017 City State Zip Code Transaction ID: A2017-1590188 Hartford CT 06183 Amount of Each Receipt this Period FEC ID number of contributing 33.02 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co 2VP Project Management Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490.42 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rowe, Philip, D, Date of Receipt Mailing Address Suite 130 2017 11070 White Rock Road City Zip Code State Transaction ID: A2017-1402926 CA Rancho Cordova 95670 Amount of Each Receipt this Period FEC ID number of contributing 14.62 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co Field Director RC Receipt For: Aggregate Year-to-Date ▼ Primary General 204.68 Other (specify) 80.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....